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EFCOG Lessons Learned: Los Alamos National Laboratory

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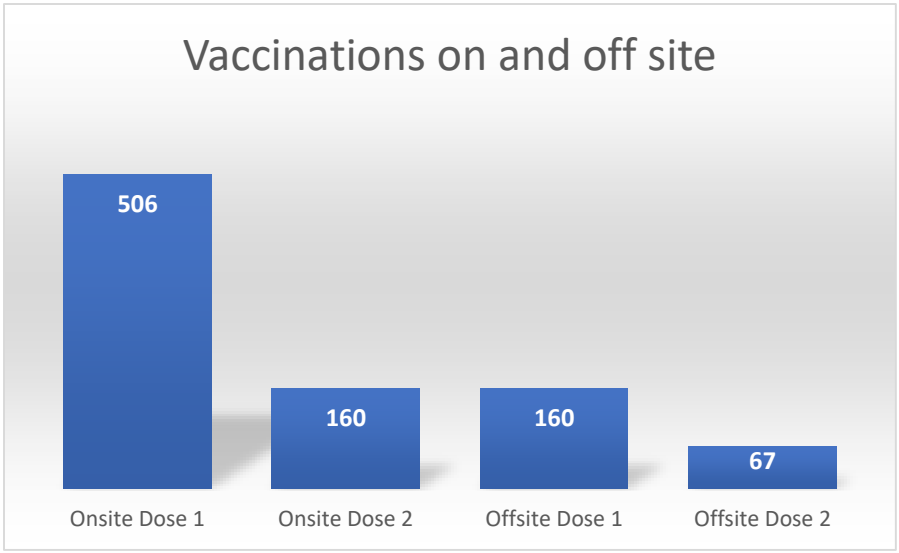
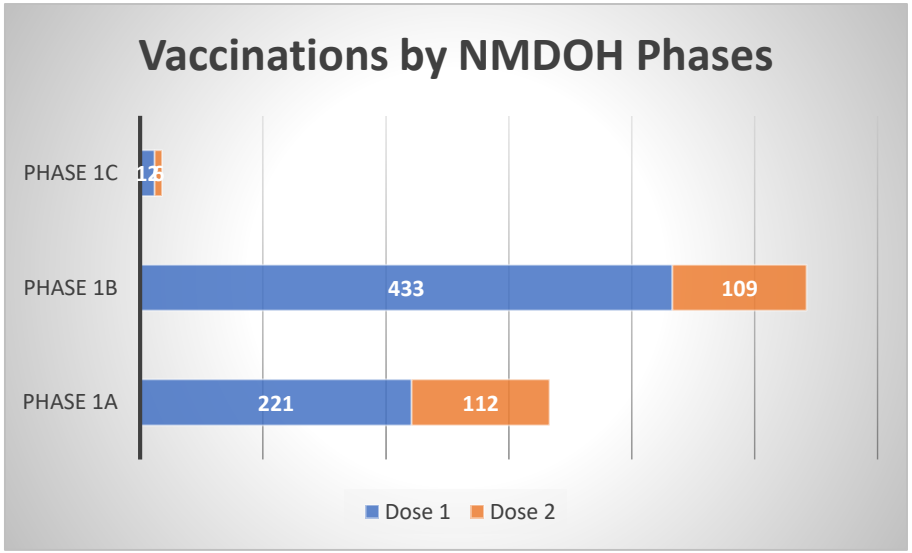
Discussion points

1. Status of getting vaccines for site personnel
2. Experience working with New Mexico Department of Health (NMDOH)
3. Considering in some States that there is only a 30% population of essential health workers getting the vaccine, how do you encourage workers to get the vaccine?
4. Vaccine rollout and considerations
5. As your work population gets vaccinated, how do you see Return to Work occurring and what issues do you see as being the major items that need to be addressed
6. Telework pilot preliminary data

LANL employee vaccinations to date





Working with New Mexico Department of Health

***Phase 1A**: All persons serving in health care settings who have direct or indirect exposure to patients or infectious materials and are unable to work from home, as well as residents of long-term care facilities. Also includes workers in congregate settings.*

***Phase 1B:** All individuals 75 years of age and older, individuals 16 or older with underlying medical conditions that place them at greater risk from COVID-19, frontline essential workers[5] who cannot work remotely, and vulnerable populations.*

***Phase 1C:** Includes persons 60 years of age or older, essential workers[6] who cannot work remotely.*

***Phase 2:** All persons 16 years of age or older.*

The following groups are currently eligible for vaccine:

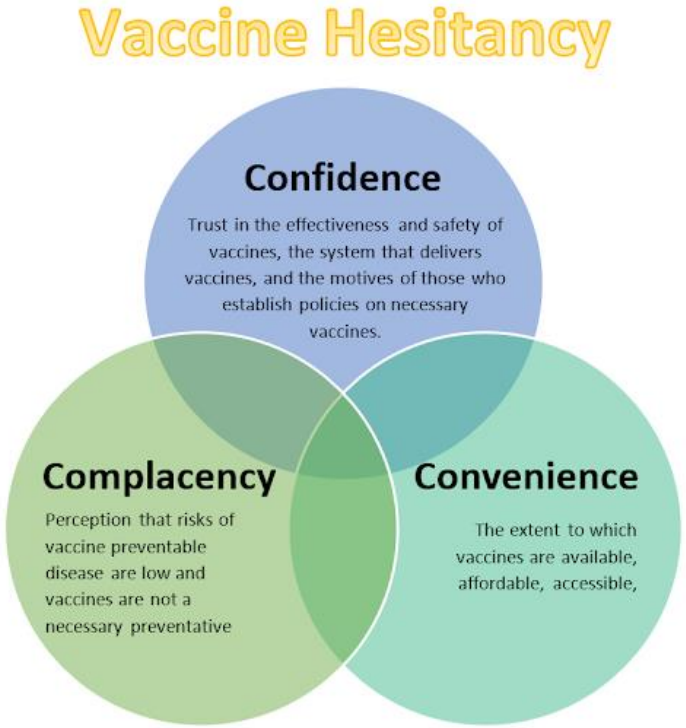
- Hospital personnel
- Residents and staff of long-term care facilities
- Medical first responders
- Congregate setting workers
- Persons providing direct medical care and other in-person services
- Home-based health care and hospice workers
- People 75+
- People 16+ at risk of COVID complications

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

Week	Doses allocated
4-Jan	100
11-Jan	200
18-Jan	100
25-Jan	100
1-Feb	100 boosters, no new
8-Feb	100 boosters, no new

Addressing vaccine hesitancy

- Fears about the speed of the process
- Distrust of the government
- Distrust of the healthcare system
- Concern that politics and economics have been prioritized over science
- Fears of differing vaccine effectiveness for different populations
- Fears based on previous experience



Overall LANL employee vaccine acceptance rate to date is 93%

Vaccine rollout must take into consideration post vaccination symptoms and their impact on mission essential functions

Data from published Phase I/II trials

Adults 18–55 years of age

Moderna[1]

100µg	Post-dose 1			Post-dose 2		
N=15	Mild	Moderate	Severe	Mild	Moderate	Severe
Fever	—	—	—	5 (33%)	1 (7%)	—
Headache	4 (27%)	—	—	5 (33%)	4 (27%)	—
Myalgia	1 (7%)	—	—	2 (13%)	6 (40%)	—

Pfizer[2]

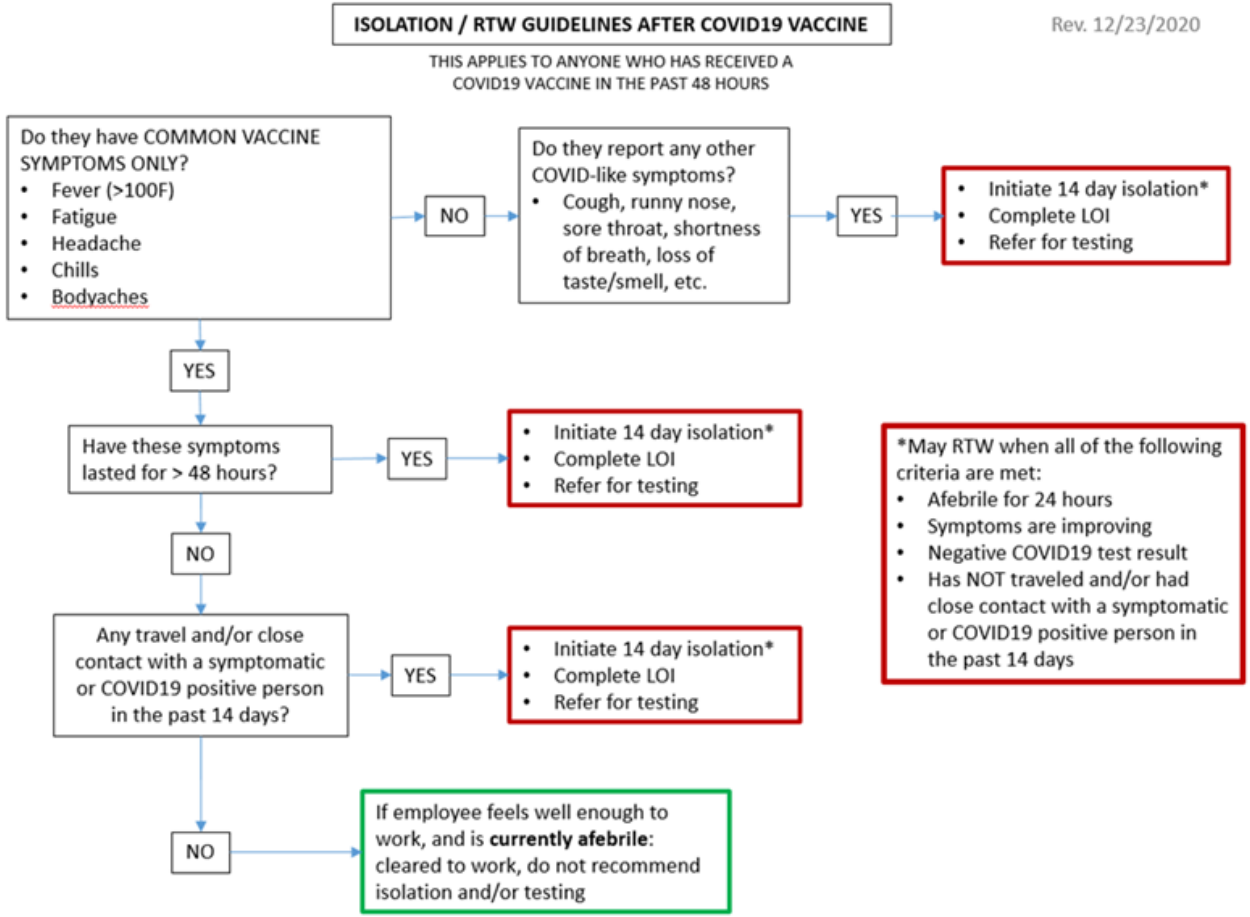
30µg	Post-dose 1			Post-dose 2		
N=12	Mild	Moderate	Severe	Mild	Moderate	Severe
Fever	1 (8%)	1 (8%)	—	—	2 (17%)	—
Headache	3 (25%)	1 (8%)	2 (17%)	6 (50%)	2 (17%)	—
Myalgia	1 (8%)	1 (8%)	1 (8%)	4 (33%)	3 (25%)	—

Side-Effects from Pfizer and Moderna Vaccines

Side Effect	Pfizer Frequency	Moderna Frequency
Pain at injection site	>80%	>60%
Headache	>50%	>60%
Muscle Aches	>30%	>30%
Chills	>30%	>50%
Joint Pain	>20%	>30%
Fever	>10%	>30%

All of these are expected vaccine side-effects;
You may be uncomfortable but you won't be "sick"

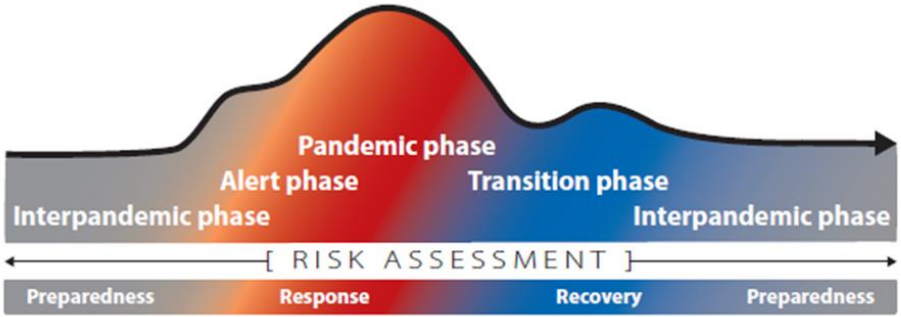
Vaccine rollout must take into consideration post vaccination symptoms and worker isolation protocols



A phased approach to pandemic recovery is recommended

- Stage 1: You and your family/close friends are vaccinated
  - Stay in a closed bubble
  - Ensure others do not have contact with unvaccinated medically vulnerable
- Stage 2: Your city and/or state have achieved herd immunity (75-85% vaccinated)
  - Umbrella of immunity that could protect unvaccinated vulnerables
  - Gradual roll back of requirements
  - Mask requirement likely to remain
- Stage 3: Herd immunity is reached internationally (2022 or later)
  - International travel

Figure 1. The continuum of pandemic phases[a]



[a] This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Workforce health and safety protocols—no changes in the near future

Prevent and reduce transmission among employees

- Daily self health checks and field health checks
- Facility temperature checks in high-risk facilities
- PPE recommendations, provision and tracking
- Education and communication to drive responsible behavior at work and outside of work provided—masks, distancing…
- COVID-19 Hotline serves as a resource for employees and leadership
- Case containment program leveraging surveillance testing, symptomatic testing and an effective approach to contact tracing
- Technology leveraged to track and trend data, and to identify hot spots or spreaders
- Collaboration of resources from modeling to bioscience and across operations.
- Vaccination program developed

Maintain healthy business operations

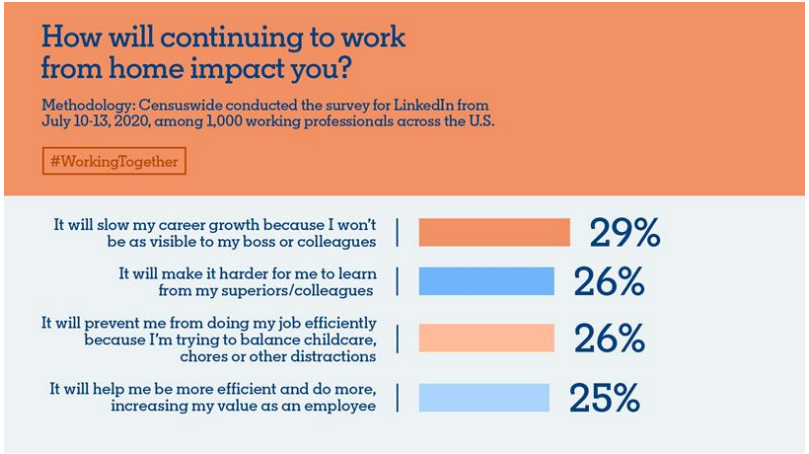
- Pandemic Advisory Team monitors MEDCON levels and facilitates stakeholder communication..
- COVID Task Force provides an effective platform for developing policy and partnering with Laboratory leaders.
- Partnerships developed across DOE complex, community public health officials and local health care providers.
- Supportive leave polices developed, implemented and communicated.
- Essential functions identified and back coverage defined
- Time away from onsite work due to quarantine minimized through testing presumptive cases on site
- Maximized telework by leveraging IT and other resources
- Effective COVID work precautions developed and implemented through P1201-6

Maintain a healthy work environment

- High risk employees protected
- Facilities being optimized--ventilation systems and air exchange rates…
- Supplies provided such as sanitizing wipes and hand sanitizer to allow for routine cleaning and disinfecting
- Custodial services increased
- Face to face meetings and gatherings limited and technological alternatives provided
- Limited travel, safe travel practices and post-travel regimens developed to protect co-workers after official business travel; partnered with iSOS
- Safe return to work practices after COVID infection implemented
- Health and wellbeing outreach including stress management and increased behavioral health resources (MD Live, EAP…)
- Vaccination program developed

Considerations moving forward

- Who do we bring back when?
  - Hesitancy coming back to work—Future Forum survey of 4,700 knowledge workers only 12% wanted to come back onsite full time
  - What do employees need to manage these changes?
- How do we balance remote work with the benefits of face to face work (facilitate collaboration, build relationships, solve complex challenges and generate ideas)?
- How do we help employees manage remote work which extends the work day, diffuses work-life boundaries and reduces mental wellbeing
- How do we redefine/redistribute workspaces and other operational support services?
- How do we avoid worker divides between those groups that can work remotely, and those that cannot?
- How do we ensure remote jobs still provide value, and opportunities for career development?



LANL Telework Pilot Project

- Characteristics of the project
  - Approximately 1500 employees
  - Operations (Business Services, Capital Projects, Facilities)
  - Located within 2 hours of the Laboratory
- Strengths based on survey responses
  - Improved job satisfaction
  - Productivity
  - Safety
- Opportunities to grow based on survey responses
  - Perceived sense of lack of collaboration
  - Perceived job related stress


Questions?